

**Rental Application for Residents and Occupants, Each co-applicant and each occupant over 18 must submit a separate application, Spouse may use same application.**

**There is a \$30.00 NON-REFUNDABLE application fee due at the time of applying for an apartment. This fee covers administrative costs and a credit report. Signing below indicates you understand and agree to pay the required application fee.**

**ABOUT YOU** full name (exactly as on driver's license or govt. ID card) \_\_\_\_\_  
Your street address as shown on your driver's license or govt. ID card: \_\_\_\_\_  
Driver's license # and state: \_\_\_\_\_  
OR govt. photo ID card #: \_\_\_\_\_  
Former last names (maiden and married): \_\_\_\_\_  
Your Social Security #: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_  
Marital Status:  single  married  divorced  widowed  separated

Your current home address (where you now live): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Current monthly rent: \$ \_\_\_\_\_  
Name of apartment where you now live: \_\_\_\_\_  
Current owner or manager's name: \_\_\_\_\_  
Their phone: \_\_\_\_\_ Date moved in: \_\_\_\_\_  
Why are you leaving your current residence? \_\_\_\_\_

Your previous home address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Apartment name: \_\_\_\_\_  
Name of above owner or manager: \_\_\_\_\_  
Their phone: \_\_\_\_\_ Previous monthly rent: \_\_\_\_\_  
Date you moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_

**YOUR WORK** Present employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Work phone: ( ) \_\_\_\_\_  
Position: \_\_\_\_\_  
Your gross monthly income is over: \$ \_\_\_\_\_  
Date you began this job: \_\_\_\_\_  
Supervisor's name and phone: \_\_\_\_\_

Previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Work phone: ( ) \_\_\_\_\_  
Position: \_\_\_\_\_  
Gross monthly income was over: \$ \_\_\_\_\_  
Dates you began and ended this job: \_\_\_\_\_  
Previous supervisor's name and phone: \_\_\_\_\_

**YOUR SPOUSE** Full name: \_\_\_\_\_  
Former last names (maiden and married): \_\_\_\_\_  
Spouse's Social Security #: \_\_\_\_\_  
Driver's license # and state: \_\_\_\_\_  
OR govt. photo ID card #: \_\_\_\_\_  
Your gross monthly income is over: \$ \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_  
Present employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Work phone: ( ) \_\_\_\_\_  
Position: \_\_\_\_\_  
Date began job: \_\_\_\_\_ Gross monthly income is over: \$ \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_  
Supervisor's phone: ( ) \_\_\_\_\_

**OTHER OCCUPANTS** Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Sex: \_\_\_\_\_ DL or govt. ID card #: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Sex: \_\_\_\_\_ DL or govt. ID card #: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Sex: \_\_\_\_\_ DL or govt. ID card #: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**YOUR VEHICLES** List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.

Make and color of vehicle: \_\_\_\_\_  
Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Make and color of vehicle: \_\_\_\_\_  
Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Make and color of vehicle: \_\_\_\_\_  
Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**OTHER INFORMATION** Will you or any occupant have an animal?  yes  no  
Kind, weight, breed, age: \_\_\_\_\_  
Do you or does any occupant smoke?  yes  no  
How were you referred?  
 Internet  Stopped by  Rental publication: \_\_\_\_\_  
 Name of rental agency or locator service: \_\_\_\_\_  
 Friend (name): \_\_\_\_\_  Newspaper  
 Other: \_\_\_\_\_

**EMERGENCY** Emergency contact person over 18, who will not be living with you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work phone:(        ) \_\_\_\_\_

Home phone:(        ) \_\_\_\_\_

Relationship: \_\_\_\_\_

If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of, [check one or more]:  the above person,  your spouse, or  your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We're not legally obligated to do so.

**Your Current E-mail Address:** \_\_\_\_\_

By providing your email address you agree to allow the company to send you electronic notices, (we will not share this information).

Have you been ever been convicted of a felony?     Yes                     No

Have you ever filed for bankruptcy?             Yes                     No

Have you ever been evicted from any tenancy?     Yes                     No

Do you owe any money to a previous landlord?     Yes                     No

Have you ever willfully and intentionally refused to pay any rent when due?                    Yes      No

**AUTHORIZATION**

**I understand that the property owner/agent (Stockton Properties) will, at minimum do the following: 1) obtain a copy of my credit report, 2) conduct a criminal background check, 3) seek references from current/prior landlords and 4) verify current employment for the purpose of evaluating my application to rent an apartment; AND authorize said agent to perform such actions for stated reason(s)**

I \_\_\_\_\_ give my consent for Stockton Properties or its agent  
(Print name)  
to obtain the above mentioned information for the stated purpose.

\_\_\_\_\_  
First                    M.                    Last name

\_\_\_\_\_  
Social Security # - (please show card)

\_\_\_\_\_  
First                    M.                    Last name

\_\_\_\_\_  
Social Security # - (please show card)

I(We) declare that the foregoing information is true and correct. I authorize its verification and the obtaining of a consumer credit report.

I agree that landlord may terminate any agreement entered into in reliance on any misstatement made above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_